

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COUNTRY FIRST POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

228 S WASHINGTON STREET SUITE 115

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00457705

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Salvatore Purpura

Signature of Treasurer

Salvatore Purpura

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 01 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">533085.45</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">155595.43</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">49940.36</span>	<span style="border: 1px solid black; padding: 2px;">244459.86</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">205535.79</span>	<span style="border: 1px solid black; padding: 2px;">777545.31</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">49610.09</span>	<span style="border: 1px solid black; padding: 2px;">621619.61</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">155925.70</span>	<span style="border: 1px solid black; padding: 2px;">155925.70</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9750.00

86850.00

(ii) Unitemized .....

6179.66

60931.16

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

15929.66

147781.16

(b) Political Party Committees .....

(c) Other Political Committees

(such as PACs).....

5000.00

54750.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

20929.66

202531.16

## 12. Transfers From Affiliated/Other

Party Committees.....

## 13. All Loans Received .....

## 14. Loan Repayments Received.....

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1218.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

29010.70

40710.70

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

49940.36

244459.86

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

49940.36

244459.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	44610.09	576519.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	44610.09	576519.61
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	45000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		100.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49610.09	621619.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49610.09	621619.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20929.66	202531.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20929.66	202431.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	44610.09	576519.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1218.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	44610.09	575301.61

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 28  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. PENNY TOWER COOK**

Mailing Address 3324 BRYN MANOR

City	State	Zip Code
DALLAS	TX	75225

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 BRIGGS FREEMAN SOTHEBY'S

 Occupation  
 REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

Transaction ID : SA11.3082069

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARY ANN COSGROVE**

Mailing Address 17 DRESNER CIRCLE

City	State	Zip Code
BOOTHWYN	PA	19061-4233

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RETIRED

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

Transaction ID : SA11.3082016

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR. JOHN R. HALL**

Mailing Address 101 IDLE HOUR DRIVE #4

City	State	Zip Code
LEXINGTON	KY	40502-1166

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RETIRED

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

Transaction ID : SA11.3082018

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JERRY HALTERMAN**

Mailing Address 1025 CASA MARINA COURT

City  
KEY WEST

State Zip Code  
FL 33040-4873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR IMAGING PARTNERS INC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA11.3082061

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS N. HAZEN**

Mailing Address 20 BAYON DRIVE  
APARTMENT 130

City  
SOUTH HADLEY

State Zip Code  
MA 01075-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2013

Transaction ID : SA11.3081957

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR. TOM C. KOROLOGOS**

Mailing Address 3150 SOUTH STREET NW  
APARTMENT 2A

City  
WASHINGTON

State Zip Code  
DC 20007-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D.L.A. PIPER/TCK INTERNATIONAL, L.L.C.

Occupation  
STRATEGIC ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 16 / 2013

Transaction ID : SA11.3082084

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MR. TOM C. KOROLOGOS**

Mailing Address 3150 SOUTH STREET NW  
 APARTMENT 2A

City State Zip Code  
 WASHINGTON DC 20007-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 D.L.A. PIPER/TCK INTERNATIONAL, L.L.C.

Occupation  
 STRATEGIC ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 20 / 2013

Transaction ID : SA11.3082101

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MRS. ANN T. MARA**

Mailing Address C/O NEW YORK GIANTS FOOTBALL

City State Zip Code  
 EAST RUTHERFORD NJ 07073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 17 / 2013

Transaction ID : SA11.3082099

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR. LEE RICHARD MCMILLAN II**

Mailing Address 333 N. CERFIED AVENUE

City State Zip Code  
 PHOENIX AZ 85004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 FREEPORT MCMORAN COPPER & GOLD

Occupation  
 GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 16 / 2013

Transaction ID : SA11.3082089

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHARLES MORGAN**

Mailing Address 160 FRONT STREET

City

NEW YORK

State

NY

Zip Code

10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORD MARRIN ESPOSITO WITMEYER & GLE

Occupation

IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA11.3082068

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MRS. JEAN G. PLATT**

Mailing Address 3334 E. COAST HIGHWAY

City

CORONA DEL MAR

State

CA

Zip Code

92625-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 16 / 2013

Transaction ID : SA11.3082080

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. COL ROBERT W. RUST U.S.M.C.R.**

Mailing Address 1700 S. BAYSHORE LANE  
 APARTMENT 2A

City

COCONUT GROVE

State

FL

Zip Code

33133-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 16 / 2013

Transaction ID : SA11.3082085

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 10 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MS. ANN ELISE SAUER**

Mailing Address 6060 RIVER DRIVE

City

MASON NECK

State

VA

Zip Code

22079-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INGLEE SAUER STRATEGIES, LLC

Occupation

CONSULTANT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA11.3082073

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR. RUDIGER VON KRAUS**

Mailing Address 1 PARKLAWN ROAD

City

BOSTON

State

MA

Zip Code

02132-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADDEX INC.

Occupation

BUSINESSMAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA11.3082062

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

9750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. STARR INSURANCE HOLDINGS INC PAC**

Mailing Address 399 PARK AVENUE

City State Zip Code  
 NEW YORK NY 10022-4614

FEC ID number of contributing  
federal political committee.

**C** C00509331

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09 / 26 / 2013**

**Transaction ID : SA11.3082104**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 28

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DERBY H WATKINS**

Mailing Address 16301 KELLY WOODS DR

City

FT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

40575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2013

**Transaction ID : SB17.2**

Amount of Each Receipt this Period

28875.00

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28875.00

28875.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SALVATORE PURPURA**

Mailing Address 2701 N OCEAN BLVD

City State Zip Code  
FT LAUDERDALE FL 33308Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 30 2013**Transaction ID : SB21.13**

Amount of Each Disbursement this Period

554.58

Full Name (Last, First, Middle Initial)

**B. DERBY H WATKINS**

Mailing Address 16301 KELLY WOODS DR

City State Zip Code  
FT MYERS FL 33908Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 16 2013**Transaction ID : SB21.9**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City State Zip Code  
NEWARK NJ 07101Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 05 2013**Transaction ID : SB21.4**

Amount of Each Disbursement this Period

10.88

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3565.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS                      State TX                      Zip Code 75356

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      04                      2013
**Transaction ID : SB21.6**

Amount of Each Disbursement this Period

5266.02

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 582820 MD 766

City TULSA                      State OK                      Zip Code 74158

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      04                      2013
**Transaction ID : SB21.107**

Amount of Each Disbursement this Period

868.90

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AT&T MOBILITY**

Mailing Address PO BOX 6463

City CAROL STREAM                      State IL                      Zip Code 60197

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      04                      2013
**Transaction ID : SB21.106**

Amount of Each Disbursement this Period

3138.28

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5266.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 28

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAREY INTERNATIONAL INC**

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON      State DC      Zip Code 20016

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013
**Transaction ID : SB21.102**

Amount of Each Disbursement this Period

980.38

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON      State VA      Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013
**Transaction ID : SB21.104**

Amount of Each Disbursement this Period

210.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36611

City DALLAS      State TX      Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013
**Transaction ID : SB21.105**

Amount of Each Disbursement this Period

233.90

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES.COM**

Mailing Address DEPT DC PO BOX 415256

City BOSTON      State MA      Zip Code 02241

Purpose of Disbursement  
PAPER/ENVELOPES/TONER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013
**Transaction ID : SB21.101**

Amount of Each Disbursement this Period

116.46

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 1200 E ALGONQUIN RD

City ELK GROVE VILLAGE      State IL      Zip Code 60007

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013
**Transaction ID : SB21.103**

Amount of Each Disbursement this Period

26.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX      State AZ      Zip Code 85034

Purpose of Disbursement  
CREDIT-TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013
**Transaction ID : SB21.108**

Amount of Each Disbursement this Period

-307.90

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS                      State TX                      Zip Code 75356

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      17                      2013
**Transaction ID : SB21.7**

Amount of Each Disbursement this Period

5681.28

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address PO BOX 2464

City WASHINGTON                      State DC                      Zip Code 20013

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      17                      2013
**Transaction ID : SB21.114**

Amount of Each Disbursement this Period

347.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. CAREY INTERNATIONAL INC**

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON                      State DC                      Zip Code 20016

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      17                      2013
**Transaction ID : SB21.109**

Amount of Each Disbursement this Period

859.20

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5681.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EFAX**

Mailing Address 6922 HOLLYWOOD BLVD

City LOS ANGELES      State CA      Zip Code 90028

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2013
**Transaction ID : SB21.110**

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON      State VA      Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2013
**Transaction ID : SB21.112**

Amount of Each Disbursement this Period

140.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. OMNI BERKSHIRE**

Mailing Address 21 E 52ND ST

City NEW YORK      State NY      Zip Code 10022

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2013
**Transaction ID : SB21.111**

Amount of Each Disbursement this Period

3243.25

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX      State AZ      Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2013
**Transaction ID : SB21.113**

Amount of Each Disbursement this Period

1081.83

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS      State TX      Zip Code 75356

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.8**

Amount of Each Disbursement this Period

5848.93

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 582820 MD 766

City TULSA      State OK      Zip Code 74158

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.123**

Amount of Each Disbursement this Period

758.90

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5848.93

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address PO BOX 2464

City WASHINGTON      State DC      Zip Code 20013

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.116**

Amount of Each Disbursement this Period

321.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. CAREY INTERNATIONAL INC**

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON      State DC      Zip Code 20016

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.117**

Amount of Each Disbursement this Period

1157.31

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address ATLANTA AIRPORT

City ATLANTA      State GA      Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.121**

Amount of Each Disbursement this Period

135.00

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 28

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. FOUR SEASONS**

Mailing Address 57 E 57TH ST

City State Zip Code  
 NEW YORK NY 10019

Purpose of Disbursement  
 FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

**Transaction ID : SB21.122**

Amount of Each Disbursement this Period

2353.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. JETBLUE**

Mailing Address 1 SAARINEN CIR

City State Zip Code  
 STERLING VA 20166

Purpose of Disbursement  
 TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

**Transaction ID : SB21.124**

Amount of Each Disbursement this Period

441.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City State Zip Code  
 ARLINGTON VA 22203

Purpose of Disbursement  
 TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

**Transaction ID : SB21.115**

Amount of Each Disbursement this Period

315.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. OMNI BERKSHIRE**

Mailing Address 21 E 52ND ST

City NEW YORK      State NY      Zip Code 10022

Purpose of Disbursement  
CREDIT-TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.119**

Amount of Each Disbursement this Period

-1498.46

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 1200 E ALGONQUIN RD

City ELK GROVE VILLAGE      State IL      Zip Code 60007

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.120**

Amount of Each Disbursement this Period

537.90

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX      State AZ      Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013
**Transaction ID : SB21.118**

Amount of Each Disbursement this Period

1327.02

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N ST ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2013

**Transaction ID : SB21.21**

Amount of Each Disbursement this Period

3243.63
---------

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2013

**Transaction ID : SB21.1**

Amount of Each Disbursement this Period

105.26
--------

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH ST ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2013

**Transaction ID : SB21.5**

Amount of Each Disbursement this Period

678.91
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4027.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 28

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ELAVON**

Mailing Address 1 CONCOURSE PKWY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 03 2013

**Transaction ID : SB21.3**

Amount of Each Disbursement this Period

210.44

Full Name (Last, First, Middle Initial)

**B. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 13 2013

**Transaction ID : SB21.14**

Amount of Each Disbursement this Period

1377.64

Full Name (Last, First, Middle Initial)

**C. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

**Transaction ID : SB21.15**

Amount of Each Disbursement this Period

1377.64

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2965.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address 400 N EIGHTH ST

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SB21.16**

Amount of Each Disbursement this Period

1181.24
---------

Full Name (Last, First, Middle Initial)

**B. INTERNAL REVENUE SERVICE**

Mailing Address 400 N EIGHTH ST

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SB21.18**

Amount of Each Disbursement this Period

1181.24
---------

Full Name (Last, First, Middle Initial)

**C. MD STATE DEPARTMENT OF TAXATION**

Mailing Address 301 W PRESTON ST

City	State	Zip Code
BALTIMORE	MD	21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SB21.17**

Amount of Each Disbursement this Period

285.91
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2648.39
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Three digital displays showing the date 09/30/2013 in MM/DD/YYYY format. The first display shows '09' with 'M' labels above. The second shows '30' with 'D' labels above. The third shows '2013' with 'Y' labels above. Each display has a small '7' segment at the bottom.

285.91

7018.20

496.00

7800.11

44610.09

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

**MIKE ENZI**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WY District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2013

**Transaction ID : SB23.1**

Amount of Each Disbursement this Period

5000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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5000.00
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